Name in Full: John H Adams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: Month: June; Day: 25; 1904

Age: Years: 77; Months: 2; Days: 27

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: Sailor

Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~: Name of Wife or ~~Husband~~: Elisabeth E Adams

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Roger Adams

Father's Birthplace: Md

Mother's Maiden Name: Nancy Hooper

Mother's Birthplace: "

Name of person giving Information: Elisabeth E Adams

How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 14

How long:

Immediate: Dysentery

How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D C Calloway & Co

Address: Salisbury Md

Undertakers

Accident or Suicide?

LIBRARY BUREAU A3U316

Name in Full William Black

Certificate of Death

Town Frostland County Wicomico

Died at MARYLAND

Date 1904 Month June Day 6th | Age Y. 59 M. – D. – | Native of Md. | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

Husband of

Wife

Father's Name Curtis Black

Mother's Maiden Name

Cause of Death: Primary had no physician

Immediate for more than a month

How long sick

~~Accident, Suicide, Homicide~~

Reported by Geo. E. Hill Undertaker

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Cecil Dashiels

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Mardela — County: Wicomico

Date of death 1904 — Month: 6 — Day: 9 — Age — Years: 1 — Months: 6 — Days: 5

Sex: Male — Color or Race: Black — Birthplace: Mardela

Occupation — Where Residing if not at place of death

Married, Single or Widowed: single — Name of Wife or Husband

Father's Name: Louis Deashield — Father's Birthplace: Md

Mother's Maiden Name: Sarah Coulbourne — Mother's Birthplace: Delaware

Name of person giving Information: David Deashield — How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: two weeks

Immediate: Hemorrhage on lungs — How long: 1 hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A L Sealre

Address: Mardela Md

Accident or Suicide?

LIBRARY BUREAU AB8316

Name in Full: Alberta Harvey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Salisbury — County: Wicomico

Date of death: 1904 — Month: June — Day: 19 — Age: Years — Months: 7 — Days: 1

Sex: Female — Color or Race: White — Birthplace: Salisbury Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Solomon R Harvey — Father's Birthplace: Md

Mother's Maiden Name: Sallie M Hammond 105 — Mother's Birthplace: Md

Name of person giving information: L R Harvey — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long:

Immediate: Cholera Infantum — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Louis W. Dennis

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A33518

Name in Full: Noah D. Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Salisbury | County: Wicomico

Date of death: 1904 | Month: June | Day: 5 | Years: 35 | Months: — | Days: —

Sex: Male | Color or Race: Black | Birthplace: Md.

Occupation: Labor | Where Residing if not at place of death: —

Married, Single or Widowed: Single | Name of Wife or Husband: ~~—~~

Father's Name: James H. Johnson | Father's Birthplace: Md

Mother's Maiden Name: Frah Hastings | Mother's Birthplace: Md

Name of person giving Information: James H. Johnson | How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: apoplexy. Convulsions | How long

Immediate: Coma | How long 12 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Louis W. Morris M.D.

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Still Born Child

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mardela — County: Wicomico

Date of death: 1904 — Month: 6 — Day: 25th — Age: Years / Months / Days

Sex

Color or Race: Black

Birthplace: Mardela

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name: George Jones

Father's Birthplace: Maryland

Mother's Maiden Name: Martha Deashield

Mother's Birthplace: Maryland

Name of person giving Information: George Jones

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. L. Seabrun

Address: Mardela Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full Mary Virginia Clementine Dennis

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Near Salisbury — County: Wicomico

Date of death: Month: June — Day: 7 — Years: Age 36 — Months: 7 — Days: 11

Sex: Female — Color or Race: Colored — Birthplace: Portland, Md.

Occupation: Housework — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: Sydney W. Dennis

Father's Name: Gillis Spencer Dutton — Father's Birthplace: Wicomico Co. Md

Mother's Maiden Name: Sarah Ellen Downs — Mother's Birthplace: Wicomico, Md

Name of person giving Information: Sydney W. Dennis — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Uterine Carcinoma — How long: about 1 yr ago

Immediate: Hemmhage & Exhaustion — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. C. Polk

Address: Salisbury, Md

Accident or Suicide? No

LIBRARY BUREAU A3U516

Name in Full: Lina Maria Parsons

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town)	Salisbury	(County)	Wicomico		
Date of death	1904 June 23rd	Age	Years	Months 10	Days 14
Sex	Female	Color or Race	White	Birthplace	Salisbury
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	James H. Parsons			Father's Birthplace	Salisbury
Mother's Maiden Name	Lilla M. Parker			Mother's Birthplace	Salisbury
Name of person giving information	Lillie L. Parsons			How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Gastro-Enteritis	How long 2 weeks
Immediate	Meningeal Complications	How long 2 or 3 Days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician: Louis Williams M.D.
Accident or Suicide?		Address: Salisbury Md.

LIBRARY BUREAU A63516

Name in Full: Mabel Purcell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury — County: Wicomico

Date of death: Month: June — Day: 26 — Years: 1 — Months: 6 — Days: 3

Sex: Female — Color or Race: White — Birthplace: Salisbury Md

Occupation: None — Where Residing if not at place of death: Salisbury, Md

Married, Single or Widowed: Single — Name of Wife or Husband: X

Father's Name: Albert H. Purcell — Father's Birthplace: Md

Mother's Maiden Name: Carrie B. Hasting — Mother's Birthplace: Md

Name of person giving information: A. H. Purcell — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric Colitis — How long: 2 weeks

Immediate: Convulsions & Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. W. Todd

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Maria Lizzie Pinkett

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Salisbury — County: Wicomico — MARYLAND

Date of death: 1904 June 10 — Age: Years 59 Months Days

Sex: Female — Color or Race: Colored — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death: Salisbury

Married, Single or Widowed: Widow — Name of Wife or Husband: Elijah Pinkett "Dec'd"

Father's Name: James Clemons — Father's Birthplace: Md

Mother's Maiden Name: Betsy Goslin — Mother's Birthplace: Md

Name of person giving Information: F. M. Clemons — How related to deceased: Not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Indigestion — How long: Several Years

Immediate: Suddenly, Heart failure — How long: Few Minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. M. Clemons M.D.

Address: Salisbury Md.

Accident or Suicide?

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LIBRARY BUREAU A3S618

Name in Full: Mattie Robinson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Salisbury; County: Wicomico

Date of death: 1904; Month: June; Day: 29; Age: Years 8; Months 11; Days 1

Sex: Female; Color or Race: Black; Birthplace: Salisbury Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Sidney Robinson; Father's Birthplace: Md

Mother's Maiden Name: Jennie Robinson; Mother's Birthplace:

Name of person giving information: Jennie Robinson; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary tuberculosis; How long: 1 year?

Immediate: Exhaustion from pulmonary tuberculosis; How long: 1 month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Pryor Dixon

Address: Salisbury, Md

Accident or Suicide?

LIBRARY BUREAU A48516

Name in Full Benjamin Walker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hebron — County: Wicomico

Date of death 1904 — Month: June — Day: 25

Age — Years: 62 — Months: 9 — Days:

Sex: Male — Color or Race: White — Birthplace: Som Co. Md

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Matilda B.

Father's Name: Alfred Walker — Father's Birthplace: Som Co. Md.

Mother's Maiden Name: Elisabeth Phillips — Mother's Birthplace: Som Co. Md

Name of person giving information: Elisabeth Walker — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatic Heart Disease, Chronic — How long: 11 yrs. 6 months

Immediate: Syncope — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Oliver J Larmore

Address: Hebron Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Esther A. Wilson

CERTIFICATE OF DEATH

MARYLAND

Died: Town: near Mardela Springs; County: Wicomico

Date of death 1904: Month: June; Day: 3rd; Age: Years: 15; Months: 5; Days: 20

Sex: Female; Color or Race: White; Birthplace: Near Mardela

Married, Single or Widowed; Occupation: none

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George T. Wilson; Father's Birthplace: Near Mardela

Mother's Maiden Name: Jennie Taylor; Mother's Birthplace: Near Mardela

Name of person giving information: Jennie Taylor Wilson; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grippe; How long: From October 1903

Immediate: Pulmonary Consumption; How long: 3 Months.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. H. K. Dashiell M.D.

Address: Quantico Md

Accident or Suicide?

LIBRARY BUREAU A88310